

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2019
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 8-27-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. NEW Finding on 8-27-2019: Work was in progress to install fire dampers, required by the local Fire Marshal. There was no access doors to inspect the dampers. Findings on 8-27-2019: b. Laundry Water Heater Room - the HVAC units have duct mounted smoke detectors sampling tube are dirty. c. Exterior Mech Room near Kitchen - observed on 12/06/2019, the sample tubes for the HVAC duct mounted smoke detectors are dirty. There is still no key on site to access this room, as previous employee departed and took key.	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 189}	Continued From page 1 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on 8-27-2019: j. Exterior Mech Room near Kitchen - observed on 12/06/2019, there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. There is still no key on site to access this room, as previous employee departed and took key.	{C 189}		